DOCUMENT RESUME

ED 159 822 EC 111 361

AUTHOR Baldwin, Judy A., Comp.
TITLE Part of a Team: The Delivery of Social Services Within a Preschool Special Education Setting. The Ochlocknee Project.
INSTITUTION Southwest Georgia Program for Exceptional Children, Ochlocknee. Ochlocknee Multi-Handicapped Outreach Project.
SPONS AGENCY Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE [76]
NOTE 64p.; For related information, see ED 155 863-866

EDRS PRICE MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS Early Childhood Education; Identification; *Multiply Handicapped; Preschool Education; Records (Forms); Role Perception; Rural Areas; *Social Services; *Social Work; Social Workers; Student Placement

ABSTRACT

Described is the social service delivery model of the Ochlocknee Project, a community based program for rural multiply handicapped preschoolers. Included is a job description for a staff social worker and detailed are objectives and procedures for three social service goals: identification and location of children with multiple handicaps; placement into appropriate educational and therapeutic settings; and provision of an individualized parent program for each family. A final section considers planning family objectives. Ten sample forms and a general resource guide are included in the appendix. (CL)

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PART OF A TEAM: The Delivery of Social Services Within a Preschool Special Education Setting

The Ochlocknee Project Model

Developed and Compiled

by

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Acknowledgements

The Handicapped Children's Early Education Program, Bureau of Education for the Handicapped, should be acknowledged for providing the initial stimulus through the First Chance Network for the inclusion of parent services in comprehensive programming for exceptional preschool children.

The development of this module was made possible through the personal and professional philosophy of the Superintendents of the Southwest Georgia Program for Exceptional Children and the Program Director, Mr. G. Harold Smith, who also believe that the education of preschool handicapped children should include the provision of social services for the family.

PART OF A TEAM was developed with the support and assistance of the entire Multi-Handicapped Outreach staff, particularly Mr. Bob Kibler and Ms. Mary Ann Davis, who provided emotional support and technical guidance during the writing of this module.

Major input in compiling information about the delivery of social services came through consultation with the demonstration site social worker, Ms. Beth Eckels. Her dedication and persistence has made the provision of effective social services possible.

The Social Work staff of the Southwest Georgia Program for Exceptional Children Psycho-educational Program also lent their professional expertise toward an accurate accounting of the role the Program social workers play in the educative process. Particular credit belongs to the lead social worker, Ms. Kathie Gayhartt, and Ms. Beth Meschinelli, staff social worker. Further credit belongs to the Infant Program staff, specifically Ms. Susan Robinson, social worker, for the development of the "Parent Interview Form" used by both the Infant and the Multi-Handicapped Project staff.

An additional thanks goes to the Outreach Project Coordinator, Mr. Bob Kibler for his insight into, and support of the role the social worker plays in delivering comprehensive services for the preschool exceptional child. As an advocate for the delivery of social services he is helping to create a place for the social worker in public education everywhere.

Special recognition is given to all staff social workers and parent coordinators currently working to implement the philosophy of the First Chance Network.

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Preface

The Ochlocknee Project is a program model demonstrating comprehensive, community-based services for multi-handicapped preschool children in a rural area. The Project was funded in 1972 by the Bureau of Education for the Handicapped, U.S. Office of Education, (Title VI-C, P.L. 91-230, Handicapped Children's Early Education Program) and seven cooperating public school systems. These seven school systems developed a special education cooperative known as the Southwest Georgia Program for Exceptional Children of which the Ochlocknee Project is an integral component. The Program is located in Ochlocknee, Georgia, with field centers in outlying areas. The Project serves children ages 0-8 who evidence multiple handicaps which may include conbinations of orthopedic, sensory and mental disabilities.

The primary objective of the Ochlocknee Project is to provide maximum opportunity for the integration of severely handicapped children into the public school system and to maintain successful placement through supportive services. Project emphasis lies in early identification and intervention in the critical preschool years.

Children enrolled receive a comprehensive program of educational, health and therapeutic, and social services from a variety of specialized Project and cooperating agency staff.

The information contained herein describes the Ochlocknee Project's program model for the delivery of social services and may be used in conjunction with the Ochlocknee Project's publication "Working With Parents."

An attempt is made at answering "What are social services"?, "Who is the social worker and what does s/he do"? The module deals with these concerns through

the inclusion of a job description for staff social worker which itemizes primary Project responsibilities. Another section focuses on establishing family objectives which indicates the importance of the family's input into the Project. The section of objectives and procedures can be used as a "how-to" guide toward achieving specified goals. The module also contains a general resource guide of information for families of exceptional children.

It is not the intention of this module to give a comprehensive set of directions for providing social services or parent programs. Professional staff hired to function in such a capacity are assumed to possess the competencies and skills necessary to carry out the delivery of social services. However, this module does include a resource bibliography which lists well-known programs with publications available for working with families. These can provide a variety of strategies for use by any staff member when implementing family services.

It is the intention of PART OF A TEAM to present a rationale for the delivery of social services within a pre-school special education setting. The Project maintains that comprehensive programming cannot be met without utilization of social services personnel as part of the team working toward the total development of the child.

Rationale for Providing Project Social Services

Because of the complexities involved in the delivery of a comprehensive program of community based services, Social Workers are employed by the Project as the liaison between these services, the project, and the home. Local social service agencies do not have the resources to fulfill the functions provided by on-site personnel.

Social services are designed to improve the Project's ability to provide effective services to children through services to their families. The Project defines social services as those interactions on behalf of (or with) defined family members aimed at:

1) Identification and Location of multi-handicapped children.

2) The determination of appropriate community educational, health and therapeutic, and social services.

3) Placement of (and supportive services for) multi-handicapped children into appropriate educational and/or health and therapeutic setting(s) and

4) Provision of an individualized parent program for each family consistent with the Project's goals.

Social services coordinated through the Project staff help to insure provision of <u>all</u> services the exceptional child may require and assure that the child derives maximum benefit from those services.

There are many facets in the delivery of social services within the Project. These social services may be categorized as:

1) agency liaison

2) direct and supportive services for children and parents and

3) assistance in the design and implementation of parent programs.

Staff social workers are involved with the family in all areas of the child's program beginning with identification and referral to the Project. As members of the

intake team social workers are responsible for locating, providing, and/or obtaining screening information on children referred for services. These referral procedures involve close cooperation between the staff social worker and community agencies. Jointly they can assess the family's needs, identify strengths and weaknesses, and make recommendations on the basis of the information received.

Staff social workers are the major link between the home, school, and agencies which cooperatively support the development of the handicapped child. They facilitate interagency communication which works toward maximum effectiveness of the child's prescribed program through a mutual exchange of information and supportive services. Staff social workers further their supportive role after the child has terminated Project enrollment through the provision of "tracking" services.

Besides supportive services, staff social workers may provide direct services to children enrolled in the Project and their families. These include:

1) the provision of educational/social activities outside school hours
2) escorting or transporting children and/or parents for any of a variety of services (i.e., clinics, meetings, evaluations)
3) home-bound teaching
4) individualized Center teaching or training sessions
5) crisis intervention

The largest component in the delivery of social services is that of parent programs. Through provision of parent programs parents are encouraged to meet the child's personal needs and to provide support for his treatment program at home and at school. These programs are developed individually according to the particular needs of the family and may comprise any or all of the following components:

- THE PARENT ADVISORY COMMITTEE meets bi-monthly and is representative of the entire parent group. This committee is reflective of the parents' concern to be an integral part in defining the needs, goals, and strategies which lead to the achievement of a successful educational system.
- PARENT MEETINGS are held bi-monthly, planned and organized by the Advisory Committee, and may be both informative and social in nature.
- HOME VISITING is the basis of the parent program and is instrumental in facilitating communication between the school and home. Regular contact with the home is made with the focus on the need for consistency between school and home. Most important is the fact that home visits give support to parents in their own environment.
- COUNSELING is an ongoing service provided for parents and is incorporated into each aspect of the parent program. Parents needing in-depth counseling services are referred to other community agencies.
- WORKSHOPS AND GROUP DISCUSSIONS are planned intermittently along with teacher workshops. All planned inservice activities for Project staff are also open to parents.
- CLASSROOM OBSERVATION is recommended for all parents. Classrooms are equipped with observation rooms. Parents are accompanied by a staff member who explains teaching methods and objectives, followed by teacher-parent-social worker discussion of the child's progress and problems.
- HOME PROGRAMS are devised through a team effort to enhance every day events as learning experiences. These require regular monitoring and evaluation in order to insure their continuing effectiveness.

- PARENTS WORKING IN THE CLASSROOM is an option offered to parents of enrolled children. Parents may volunteer as a teacher-aide as a way of learning to develop techniques appropriate to their child's handicap. They may work within their child's classroom or another classroom - depending upon the most effective environment.

JOB DESCRIPTION

In order to describe the delivery of social services within a special education setting a listing of the duties required to deliver them is included. This section contains a general description for the Lead Social Worker as well as primary job responsibilties, both supervisory and direct. The description of direct service responsibilities may be used as a job description for non-supervisory personnel.

General Description - Lead Social Worker

The Lead Social Worker shall function in a middle management supervisory capacity. A portion of the work time shall be spent in direct services to children and families in a particular geographic catchment area. The balance of the time shall be spent in the supervisory role which falls into two major areas:

1) staff development/education
2) Managerial/administrative

The Lead Social Worker is directly responsible to the Program Coordinator.

Responsibilities: Supervisory

- To regularly conduct group social work meetings for discussion of individual cases, program procedures, and for staff development.
- To provide individual case supervision and consultation upon request or according to need in order to assist with organization of work, general concepts, etc.
- Provision of workshops on specific subjects directly by lead social worker or coordinated through other professionals.
- Visits to and with other community agencies for consultation and cooperation with other agencies.
- Consultation and cooperation with entire staff for development and organization of overall program, especially in the areas based heavily upon social work activities.

- To encourage an overall emphasis on development and coordination of quality services to families.
- Development of good public relations and cooperation with community agencies and other components of the school system both directly and through training and supervision of individual social workers.
- To provide liaison and communication between the Program Coordinator and staff social workers.
- Organization and coordination of overall social work activities.
- Coordination of program newsletters for parents, staff, students, and community.

Responsibilities - Direct

Agency Liaison

- Assist in the development of cooperative agreements with community educational, health and therapeutic, and social service agencies.
- Provide liaison for home, Project, and community in order to facilitate interagency cooperation and communication.
- Provide cooperative involvement for referral services.
- Promote community awareness and acceptance of Project.
- Facilitate parent and community projects which provide services needed by children in general.
- Continue professional growth through in-service and professional organizations.

Direct and Supportive Services

- Identify and locate children that meet Project's selection criteria.
- Collect and compile a comprehensive social history, including medical, behavioral and developmental information for presentation at intake staffing.

- Participate in staffings and treatment team meetings for continuous evaluation of the comprehensive treatment program for children.
- Make recommendations which will assist in the determination of appropriate placement, realistic prognosis and needed services and strategies.
- Provide assistance in times of family crisis.
- Provide follow-up support services (tracking) for students who have been terminated from Project services.
- Provide counseling and consultation for families and children.
- Refer children and parents to other, or additional, community resources for financial medical, and/or emotional support.
- Arrange clinic services and follow-up as needed.
- Provide assistance in arranging transportation to the Project site for enrolled children.

Design and Implementation of Parent Programs

- Maintain monthly home visits and/or conferences,
- Cooperatively provide individualized home programs consistent with Project teacher objectives and identified parent needs.
- Arrange for parent observation and participation in Center classes.
- Assist in organizing and facilitating parent groups for social and/or educational purposes.
- Assist in bi-monthly Parent Advisory Committee meetings.
- Work with the Parent Advisory Committee members to set of bi-monthly parent meetings and contact all parents on caseload to urge their attendance and participation.
- Conduct formal/informal family needs' assessment to determine participation in Project, and to design individualized family program based on needs identified.

- Provide transportation for parents and children as needed for clinics and programmatic functions.

Social Services To Families
Goals, Objectives and Procedures

To simplify the role of the social worker within the Ochlocknee Project model is a difficult task. The best means of describing the role is through describing procedures which can be followed in completion of specified objectives and goals. These incorporate all aspects of social service delivery ranging from intake, information and referral assistance, to planning individualized parent programs. The format should flow from the goal to the specific objective to the procedure. These procedures are maneuverable and flexible but adaptations made should be contingent upon specific program goals and objectives.

Social Services to Families

GOAL I: Identification, location, and assistance in determination of placement of children ages 0-8 who have multiple handicaps including all possible combinations or orthopedic, sensory and mental disabilities in order to provide center, home based, or referral services to these children.

Objective	Procedure
1. Identify and locate children that meet the Project's selection criteria through liaison with community agencies and individuals.	1.1 Develop cooperative agreements with community educational, health and therapeutic, and social agencies and individuals to facilitate appropriate Project referrals.
	1.2 Provide descriptive materials to cooperating agencies regarding criteria for eligibility and referral procedures in conjunction with due process regulations.
	1.3 Make social service personnel available to referring agency/individuals for screening ourposes.
2. Process all children referred for services (Zero reject) for placement in Project (Center or home based) or	2.1 Obtain referral from Program screening committee.
	2.2 Contact referring person to ascertain

Objective	Procedure
for referral to outside resource for children ineligible for Project services.	purpose of referral and needs assessment for desired outcome.
	2.3 Initiate home visit in order to assess, family's expectations, present Project's goals, objectives and responsibilities, obtain complete family data and permission to secure additional health and educational information.
	2.4 Completion of: a. Parent interview form - and as appropriate with age: b. Burks' Behavior Rating Scale c. Preschool Attainment Record d. Lexington "Personal and Social" Development Scale e. Information Release Form (See Appendix I)
	2.5 Initiate contacts with community health and therapeutic, educational, and social agencies involved with family in order to assess family resources and obtain additional diagnostic information.

Objective	Procedure
3. Insure provision of all services the family and child may require.	3.1 Refer family and child for any specialized evaluation as deemed necessary - both for assistance and further diagnostic assessment: a. psychological b. audiological c. educational d. medical e. visual f. psychiatric g. social h. other
	3.2 Coordinate available health and therapeutic, educational, and social services.
	3.3 Facilitate interagency communication by providing a mutual exchange of information.
	3.4 Offer supportive services to family and agencies involved.
4. Compile a comprehensive summary of child and family's needs.	4.1 Complete a formal social history including identifying data, referral and informant information, problem

Objective	Procedure
	description, developmental and medical history, diagnosis, prognosis, and corrective devices, academic/educational information, family assessment, and recommendations. (See Appendix I - Social History Format)
5. Assist in determining appropriate placement, realistic prognosos, and needed services and strategies.	5.1 Staff each child referred and accepted for intake after comprehensive summary is compiled and place in child's folder and after all appropriate staff have been supplied with the staffing agenda and time of staffing.
	5.2 Complete staffing summary form with recommendations for placement and services to be provided with particular emphasis on due process obligations.
	5.3 Assist in the development of child's individual educational plan (IEP).

GOAL II: Placement of all multiply-handicapped children staffed into appropriate educational and therapeutic setting(s).

Objective	Procedure
1. Inform parents of staffing and Placement Committee recommendations within due process guidelines.	1.1 Initiate home visit to inform parents of Placement Committee recommendations and their rights under due process.
2. Discuss placement recommendation if not accepted for enrollment; programmatic policy, procedures, etc., if accepted for enrollment.	2.1 Complete "Parent Consent for Placement" forms and explain reasons for placement recommendations, evaluation materials used, and description of proposed placement. (Refer to Project module "Identification, Referral, and Assessment").
	2.2 Inform parents of proposed program, their participation responsibilities, and staff service capabilities in the home and in the placement. a. Signed permission form for photographs. b. Signed permission form for field trips.
	2.3 Assess family in terms of: a. Their specific problems with parenting the child.

Objective	Procedure
	b. The specific problems of their child. c. Their expectations of Project services. (See Appendix I - Parent Interview Form, Page 11.)
3. Provide for transportation services.	3.1 Arrange bus transportation for multi-handicapped children enrolled in the Project. Make arrangements using primary and/or secondary modes of transport in conjunction with county school busses. Home pick-ups or most efficient means of transport will be discussed and decided upon. Parents may ride to the Center in the bus with their child as necessary.
	3.2 Request parent signature for permission for child to be transported. a. Bus cards will be completed, one given to the Director's Office, one to the Transportation Coordinator, and one to both the Lead Social Worker and individual bus driver. b. Signed liability release for child to be transported in staff's personal

Objective	Procedure
	automobile. (See Appendix - Permission Forms)
	3.3 Discuss procedures for carrying out home based program. Staff member(s) will work in the home or make other arrangements as necessary.
4. Coordinate community services for child.	4.1 Initiate contact with agency(s) conjointly providing services to child in order to coordinate transportation.
	4.2 Provide transportation services for children enrolled to medical clinics, dental appointments, and other services as needed.
5. Insure comprehensive programming and support for enrolled children.	5.1 Request staffing to review individual child as changes occur which require review, in times of family crisis, etc. Participate in treatment team meetings each 5 weeks to review and set objectives for next treatment period.
	5.2 Document staffing and treatment team outcome. Follow-up procedures assigned to appropriate staff member.

Objective	Procedure
	5.3 Maintain on-going communication with teacher/staff through formal and informal contacts.
6. Request termination staffing in compliance with Project policy.	6.1 Obtain information from parents, supplemental placement personnel, and other interested parties. Child shall not be terminated without recommendation for future placement. a. Completion of Burk's Behavior Rating Scale b. Update of child's Individual Educational Plan (IEP).
7. Provide supportive services to insure continued successful placement of terminated children.	7.1 Track children as specified at staffing. Tracking services will continue for a period not exceeding one year without re-staffing. Contacts will be initiated and tracking recommendations made upon review of: a. Placement site b. Reasons for placement c. Services to be received d. Staff service capabilities at placement site e. IEP

Objective	Procedure
8. Staff children who have been tracked for prescribed period for final termination.	8.1 Compile information regarding termination recommendation, focus on information gathered during period of tracking.
	8.2 Initiate home visit in compliance with due process procedures. Parents will be informed that child may be re-referred at any time and staffed as priority.
	8.3 Contact placement site regarding results of termination staffing and recommendations made. Re-referral procedure will be explained.

GOAL III: Provide an individualized parent program for each family consistent with the Project's goals, in order to enhance the total development of the child within the family.

Objective	Procedure
1. Inform parents of children enrolled in the Project of teacher objectives and classroom activities in order to provide support to his treatment program consistent with Project objectives.	1.1 Initiate home and supplemental placement visits on a periodic basis in order to review classroom objectives, notify parents of special classroom events which will enhance their knowledge of their child's experiences, and to plan home follow-through.
	1.2 Discuss results of 5-week Treatment Team meetings.
	1.3 Review and discuss Center Report Cards.
2. Conduct a family needs assessment to provide for their input into a desired program. (See Appendix I Parent Priorities Form)	2.1 Formally and/or informally ascertain family's specific request for assistance, their capacity for working with programmatic recommendations and their specific recommendations for the child's program.
	2.2 Write objectives for all families at least twice yearly.
	2.3 Gear objectives toward parent ability

Objective	Procedure
	as well as needs.
	2.4 Evaluate objectives at end of year.
3. Provide opportunities for parents to become aware of child's strengths, needs, and limitations through encouraging:	3.1 Initiate specific arrangements for classroom observation and classroom participation followed by teacher-parent-social worker discussion of child and his progress and problems.
A. Classroom Observation:	3.2 Enhance interest by pointing out that parents can gain insight into: a. Child's reaction to expanded social situations. b. Teaching and behavior management techniques. c. Child's particular educational needs.
B. Classroom Participation:	3.3 Coordinate arrangements with teacher and parent who volunteers to work in the classroom. Parents will be able to develop skills and techniques which may enable them to work more effectively with their child at home.
4. Provide parents with avenues for education and counseling which	4.1 Arrange parent conference with psychologist and/or other professionals

Objective	Procedure
will encourage them to meet their child's personal needs and to increase their understanding of their child's exceptionality and how to deal with it.	who have evaluated child in order to gain a better understanding of child and his functioning. Completion of "Parent Consent for Evaluation" forms with explanation of reason for evaluation, examiner's role, and evaluation(s) to be administered. (See Appendix I - Parent Consent for Evaluation).

Objective	Procedure
4. (continued)	4.2 Inform parents of lectures, seminars, workshops, etc., which may be of specific interest in working with their child.
	4.3 Ascertain specific information desired by parents and assist in providing workshops and/or discussions in that area, possibly through small parent groups.
5. Coordinate bi-monthly parent meetings where parental exchange of information and ideas is encouraged, and specific topics are discussed.	5.1 Use letters and telephone calls to inform parents of meeting agenda, date, and time. Transportation and meeting arrangements may be coordinated with other designated Programs within the Center.
6. Provide opportunities for meaningful and effective participation by parents in program planning, development and service through participation in the Parent Advisory Committee.	6.1 Invite a specific parent from each classroom in conjunction with teacher recommendation to serve as a standing member of the Parent Advisory Committee. All other parents are notified of meeting date and time at bi-monthly parent meetings and through the Program newsletter.
7. Encourage implementation of instructional and therapeutic activities in the home in order	7.1 Assist the teachers in determining area of need for home programs and in devising the method through which it

Objective	Procedure
7. (Continued) to reinforce what the child learns at school and build the parent's confidence in their ability to relate to the child.	7.1 (continued) is carried out. 7.2 Assist in providing materials and in monitoring and evaluating the home program through initiating home and supplemental placement visits.
8. Provide emotional support to the child and his family through regularly scheduled home visits, where the specific objective may be counseling, and through crisis intervention services as needed.	8.1 Assess the family's emotional needs and staff capability of meeting these needs in terms of skill and time. 8.2 Provide referral services to family's needing extensive counseling to Mental Health Clinics or other counseling professionals as appropriate. 8.3 Inform parents of availability of staff during family crisis and maintain regular communication with all agencies involved. 8.4 Provide transportation for parent and/or child as needed and as appropriate.

Establishing Family Objectives

There are several basic assumptions about parents that special educators should bear in mind:

1) The parent has something to contribute...and wants to.
2) The parent knows what is best for the child...especially, with constructive guidance.
3) The parent is the child's primary educator.
4) The parent has the strongest influence.
5) The parent knows the child.

Parents should be given many opportunities to become involved with the development of their child's program - through their participation in writing the individual educational plan as well as through input to teachers and social workers as to their own family needs.

The professional may have the expertise to provide specialized services for the child and his family, but can not effectively do so without recognizing and utilizing the information which can be provided by parents. Together they develop the program which will inevitably enhance the total development of the child.

How is this information ascertained? One way is through family assessment which can define strengths and weaknesses of the home situation and the child's program as seen by the family. Emphasis lies in the home interview which is conducted by the staff social worker and may be done in conjunction with the classroom teacher. The interview should focus on questions such as:

- What do you feel is your child's greatest problem?
- What is your greatest problem with and concern for your child, for yourself and your family?
- How do you feel your child's special needs affect your family?
- What specific recommendations for services would you make?

Discussion in these areas will lead to the identification of specific problems as seen by the family and strengths upon which to build.

The examination of perceptions of the child as seen by the family will lead staff members toward effectively working with the child. Information gained in such an interview can be included in both classroom objectives as well as family objectives established jointly with the social worker. This interview can help identify areas of need for parent education and training, help identify the family's specific request for assistance, and make family members aware of their responsibilities to their child's program.

At the Ochlocknee Project family members are made aware of various options for program participation through a survey of their interests in each area. As each program component is explained, parents are asked to answer positively or negatively as to their desire for involvement. (Refer to Appendix I for the Parent Participation Assessment)

Writing Family Objectives should be based upon their own desire for program involvement as well as an informal assessment of family capabilities. Considerations are made as to:

- Do they have their own means of transportation?
- Do they have someone they can contact for transportation?
- Do they work outside the home? Working hours?
- Parents' cultural, socio/economic background
- Services provided by other agencies
- Personal or familial problems
- Parents' attitude toward the child and handicap
- Parents' attitude toward program
- Other

Many parents will require additional support in identifying their specific concerns, especially when personally becoming involved with an educational program for the first time. A checklist format may then be used to help prioritize needs. These usually fall into categories such as:

Parent group meetings

Parent involvement activities

Parent contacts

School contacts

Parental concerns

Appendix I contains an example of such a checklist format.

Family objectives are planned from their own input regarding program interest, an objective assessment of their capabilities and perceptions of their child, and through an examination of their past involvement with educational programs. An effective relationship may then be established for working toward designated goals. The areas of concern can be identified, goals and objectives established, and activities planned to meet the objectives. The social worker will then decide upon criteria for mastery of each set of objectives.

Determining family objectives jointly with family members is an important aspect of any program serving young exceptional children. The parent does know what their child's needs are as well as their own family needs. Project staff can help to assess and realistically identify them.

Parents are the first component of the treatment team which will make positive impact upon the life of the exceptional child. Their feelings, desires and attitudes with regard to the child must be taken into account and then geared toward a systematic "teaching" approach. Without this support the school experience may have little effect on the child's development. The professional education agency must work with parents, not in place of them.

Post Script

The decision to involve the Social Worker as PART OF A TEAM which works toward the maximazation of potential for the handicapped child depends upon:

1) The goals and philosophy of the Project
2) The availability of funds
3) The identification of alternate resources, and
4) The degree to which coordination of existing community social service agencies can be accomplished.

The Ochlocknee Project has established a successful working model for the delivery of comprehensive services to the preschool handicapped child. It has done so through the involvement of staff social workers who can coordinate all other facets of services available to the child and his family. The Project uses a transdisciplinary approach in working with children and their families but the social worker is primarily responsible for coordination of staff-family involvement.

The question remains, How does one compare the effectiveness of Projects which use staff social workers with Projects who seem to function without them?" This may be answered through an examination of the extent to which parents are involved in their child's program and express their support of the Project.

The Ochlocknee Project examines parent involvement through a comprehensive record-keeping and evaluation system which monitors all aspect in the delivery of social services as defined in the section on objectives and

procedures. For each suggested procedure there is an anticipated output and measure of evaluation. However, most of the Project's evaluation has been done in terms of numbers and types of contacts and hours spent in the provisicn of social services.

There is a trend in the social services field today toward evaluating the quality of services delivered rather than the quantity. The Ochlocknee Project is currently examining ways in which to insure the quality of social services through constant appraisal of feedback from parents as to the value to them of services being delivered. This is a slowly changing process to inlcude service quality evaluation but through awareness of the importance of measuring effectiveness, changes are occurring.

This module has attempted to deal with questions particularly pertinent to administrators who are changing the traditional special education program to encompass staff social workers. Perhaps PART OF A TEAM will increase the educator's knowledge and awareness of the role of the social worker in the educative process. Steps may then be taken to ensure that comprehensive services are provided for the preschool multiply handicapped child.

APPENDIX I

The Ochlocknee Project

PARENT INTERVIEW FORM

Informant Name:_____Relationship_____Date_____

1. Child's Name:_____Birthdate__/__/__C.A._____ Race_____Sex_____

In case of emergency contact_____ Phone_____

Address:_____

2. Address:_____

Street or Route City County State Zip

Directions to Home:_____

_____

3. Mother:_____Birthdate__/__/__ Occupation:_____

Business Phone:_____Business Address:_____

Home Phone:_____Approximate Income:_____Religion:_____

and Source:_____

Number of Marriages:_____Last Grade of school completed _____

4. Father:_____Birthdate__/__/__ Occupation:_____

Business Phone:_____Business Address:_____

Home Phone:_____Approximate Income:_____Religion:_____

and Source:_____

Number of Marriages:_____Last Grade of school completed _____

5. Present Marital Status of Parents_____(Single) _____(Divorced) _____(Separated)

Date Married: _____

6. Are parents related other than by marriage? Yes_____ No_____

If yes, what relationship?_____

7. Child's Guardian:_____

Has this been granted by Law?_____

8. Persons living in home:

Name:	Birthdate	Relationship	Occupation or Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred Child's rank in family: _____ of _____ children...

9. Does this child have a twin? Yes_____ No_____ If yes, give name of twin and

school twin attends: _____

10. Children outside the home:

Name:	Birthdate	Relationship	Occupation or Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Is the child adopted? Yes_____ No _____ If yes, date of adoption:_____

12. Has any order ever been made concerning the care and/or custody of the child?

Yes _____ No_____ If yes, explain:_____

_____

13. Name of child's pre-school program:_____,_____,_____
Teacher's Name_____ City State

14. Who referred you to this program?

Name _____

Address _____

Primary reason for referral:_____

Child's involvement with other agencies:_____
(Health Dept., DFCS, CCU)

Medicaid Number _____ Income received & source_____

Social Security Number _____

a) What diagnosis has been given your child?_____

By Whom?_____

b) From point of concern describe steps taken to obtain medical assistance:

DEVELOPMENTAL INFORMATION

1. What was the mother's health like during this pregnancy?(Circle)

   a. Nervous and apprehensive, unusally happy, moody, other.
   b. Headaches, high blood pressure, pus in urine, anemia.
   c. Nausea, vomiting, persistant abdominal or lower back pain, spotting, fatigue, false labor, other.
   d. Illnesses: Flu, virus infection, measles, rubella, RH incompatibility, syphilis, other.
   e. Accidents or falls.
   f. Drugs used during pregnancy: _____

2. What were mother's activities during pregnancy?_____

   What was mother's reaction to pregnancy?_____

3. Did mother feel that the living situation or events in the home were comfortable during this period?
   Describe:

4. Length of labor: Hours_____ Natural_____ Caesarean_____
   Was labor induced?_____ Were forceps used?_____
   Was labor difficult?_____ Was anesthesia used?_____
   Was mother awake when baby was born?_____
   Name and address of doctor, hospital, public health department, midwife, (nurse or granny) in attendance:

5. Was the father at the hospital during the birth of the child?_____
   Did mother see father during labor?_____
   If father was away, where and why_____
   Number of pregnancies_____
   Number of living children_____

6. What part of baby was born first? Head____ Buttocks_____ Feet_____

7. Weight at birth _____ Full term? ____
   Length at birth _____ If not, how much early or late_____

8. Did the baby breathe spontaneously? _____
   Need oxygen or other assistance? _____
   Anything exceptional in baby's condition?_____
   (Blueness, injury, paralysis, anoxia, jaundice, blood transfusion)

9. Did mother have any problems after delivery? _____
   If yes, what?

   Did baby have any of the following immediately after birth? (scars, bruises, deformities, seizures, sucking/swallowing difficulties, feeding difficulties)
   If yes, what?

10. Breast fed _____
Bottle fed _____
Both _____

Age when weaned_____
Baby's response to nursing: Active_____
Eager _____
Had to be encouraged_____
Mother's response to nursing: _____

11. Type of feeding: Demand _____ Time Schedule_____

12. Was vomiting a problem? _____

13. Was colic a problem? _____

14. Constipation? _____
Diarrhea _____
How was this handled? _____

15. What attitude or mood did baby express most of the time? (happy, smiling, cuddley, whiney, pain, etc.) _____

16. Babies vary in amount of activity. Select one of the following:

_____ a. Showed great deal of activity, squirming, wiggling, kicking, etc.

_____ b. Showed very little activity usually.

_____ c. Vigorous activity when awake but was often observed playing quietly.

Do you feel that your child is NOW restless or overactive? _____
If so, explain:

17. Did anyone assist with the care of the baby during infancy? _____
If yes, who and how long?

18. Did anything occur during the first year of life that caused unhappiness or anxiety or special strain on the mother and/or father? _____
If so, describe:

19. At what age did baby cut first tooth? _____months.

20. Sleeping habits:

	As infant	Presently
a. Thumbsucking	_____	_____
b. Rocking	_____	_____
c. Special toy in bed	_____	_____
d. Blanket	_____	_____
e. Lights Off	_____	_____

What is his sleeping schedule? Nap _____ Bedtime _____ Awaken_____

21. Who sleeps in the room with your child? _____
Did he ever share a room with parents? _____
If yes, for how long? _____

22. Does your child frequently wake up during the night? _____
As an infant did he/she have to be held or rocked in order to go to sleep? _____

23. Developmental Ages:

a. turned over at _____ months
b. sat alone at _____ months
c. stood aided at _____ months
d. stood alone at _____ months
e. crawled at _____ months
f. first steps _____ months
g. walked unaided at _____ months

24. a. single words at _____ months
b. simple phrases at _____ months
c. Did he/she have a speech problem ever? _____

25. a. Toilet training began at _____ months
b. Bowel control established at _____ years
c. Relapses in bowel control?
d. Currently, does he/she soil self? _____

26. a. Bladder control established at _____ years.
b. Relapses in bladder control? _____
c. Currently, does he/she wet self? _____

27. What were child's reactions and attitudes toward toilet training? _____

_____

How did you go about toilet training your child? _____

_____

28. Mobility skills:

	Yes	No	Sometimes	Comments
Can he move at all?	___	___	_____	_____
Can he move his arms?	___	___	_____	_____
Can he move his legs?	___	___	_____	_____
Can he control these movements?	___	___	_____	_____
Can he crawl?	___	___	_____	_____
Can he reach for things?	___	___	_____	_____
Can he grasp objects?	___	___	_____	_____
Can he try to reach?	___	___	_____	_____
Can he sit up?	___	___	_____	_____
Can he pull himself up?	___	___	_____	_____
Can he stand alone?	___	___	_____	_____
Can he throw a ball?	___	___	_____	_____
Can he stack blocks?	___	___	_____	_____
Can he ride a tricycle?	___	___	_____	_____
Can he ride a bicycle?	___	___	_____	_____
Can he cut and paste?	___	___	_____	_____
Does he fall very much?	___	___	_____	_____

How does he walk? Smoothly? _____
Clumsily? _____

29. Self Care Skills:

	Yes	No	Sometimes	Comments
Does he wear diapers?	___	___	___	_____
Can he signal needs? (Bathroom, water, food)	___	___	___	_____
Does he drink from a bottle?	___	___	___	_____
Does he feed himself?	___	___	___	_____
Can he hold a glass?	___	___	___	_____
Can he dress himself? Alone?	___	___	___	_____
With Help?	___	___	___	_____

30. Socialization and Communication Skills:

	Yes	No	Sometimes	Comments
Does he make verbal sounds?	___	___	___	_____
Does he babble or gurgle?	___	___	___	_____
Does he talk?	___	___	___	_____
Is his speech clear?	___	___	___	_____
Does he play with other children?	___	___	___	_____
Does he enjoy television?	___	___	___	_____
How does he react in a new situation?	___	___	___	_____

31. Cognitive Skills:

	Yes	No	Sometimes	Comments
Does he recognize his name? (Visually or orally)	___	___	___	_____
Can he scribble?	___	___	___	_____
Can he color?	___	___	___	_____
Can he draw?	___	___	___	_____
Can he print?	___	___	___	_____
Can he recognize colors?	___	___	___	_____
Can he count?	___	___	___	_____

32. Speech Problems:

	Yes	No	Comments
Rate?	___	___	_____
Articulation?	___	___	_____
Stuttering?	___	___	_____
Voice Problems?	___	___	_____
No Speech?	___	___	_____
Unusual Language (jargon)?	___	___	_____

33. Regressive Behaviors (Verbal or Motor Skills):

Has your child ceased to use any previously developed skill? _____
If yes, describe:

Probable reason:

BEHAVIORAL INFORMATION

1. Did or does your child:

	Yes	No
a. Suck his thumb?	___	___
b. Masturbate?	___	___
c. Bite his fingernails?	___	___
d. Demand excessive attention?	___	___
e. Perseverate?	___	___
If yes, describe: _____		
f. Have a short attention span?	___	___
g. Cry excessively?	___	___
h. Show moodiness (sad)?	___	___
i. Show jealousy?	___	___

2. Does your child have angry outbursts or temper tantrums which cause you concern? _____
   If yes, under what circumstances do they occur? _____

3. What methods do you use in disciplining your child? _____

   Is child resistant, resentful, or negative toward discipline? _____
   Is discipline frequently necessary? _____
   Who usually disciplines? _____
   When you tell your child that you are going to discipline him, do you always follow through? _____

4. Do the parents agree with each other on methods of discipline? _____
   If no, explain how they disagree: _____

5. What is the most frequent reason he/she needs discipline? _____

6. During the early years of the child's life, was either parent frequently away or out of the home? _____
   If yes, explain: _____

7. Describe any family group activities (include child's behavior during these activities: _____

8. Do parents argue or show affection in front of children? _____
   Explain: _____

9. Has family moved frequently? _____
   If yes, give reasons: _____

10. Did or does your child express fear of:

People?	_____	Trains?	_____
Darkness?	_____	Loud Noises?	_____
Dogs?	_____	Other?	_____

11. Does your child have nightmares or frightening dreams? _____
If yes, describe _____

_____

12. Did your child ever lose anyone or a pet with whom he had a close relationship? (mother, father, grandparent, brother, dog, cat, etc.)
If yes, explain: _____

_____

13. Did or does your child seem reluctant or object to being left in the care of others? _____

14. If your child attended a pre-school program, did he/she object to leaving home and parents? _____

		Yes	No
15.	Does your child enjoy playing with other children?	_____	_____
	With children his own age?	_____	_____
	With younger children?	_____	_____
	With older children?	_____	_____
	Is he aggressive toward other children?	_____	_____
	toward property?	_____	_____
	toward himself?	_____	_____

16. Does your child have a closer attachment to one parent? _____
Which one? _____
How is this attachment shown? _____

17. Does your child require you or others to do things for him which he is capable of doing for himself? _____
If yes, what things? _____

18. Can your child follow simple directions? _____

19. Does your child have strong likes and dislikes for food? _____
Describe: _____

Eating Habits	Yes	No	Sometimes	Time	Approximate Menu
Does he eat breakfast?	___	___	___	___	_____
Does he eat lunch?	___	___	___	___	_____
Does he eat supper?	___	___	___	___	_____
Does he snack in the morning?	___	___	___	___	_____
Does he snack in the afternoon?	___	___	___	___	_____

Does he/she feed himself? _____ At what age did he begin? _____

20. Has your child had any frightening experiences? _____
If yes, describe: _____

_____

21. How was your child prepared for the birth of brothers and sisters?

By whom was he told?

22. Does your child have marked preference or dislike for any of his brothers or sisters? ____ If yes, which one or ones? _____

How does he express these feelings? _____

23. Has any other child in the family had any problems or handicaps? _____
If yes, describe: _____

24. Has your child shown curiosity in regard to the origin of babies? _____
At what age? _____
How does he/she understand this? _____

25. Does your child show a preference for his right or left hand? _____
Were any attempts made to change left-handedness to right-handedness? _____
If yes, what was done? _____

26. Has anyone in your immediate family had psychiatric or psychological assistance? _____
If yes, explain: _____

MEDICAL INFORMATION

1. What is the name of your family physician? _____

   Child's Pediatrician? _____ Other? _____

2. History of Illnesses: Indicate members of family involved (C-child, M-mother, F-father, S-sibling, G-grandparent)

		AGE			AGE
Allergies: Type_____	___	___	Heart Disease	___	___
Chicken Pox	___	___	Influenza	___	___
Convulsions	___	___	Kidney Illness	___	___
Diabetes	___	___	Measles	___	___
Diphtheria	___	___	Meningitis	___	___
Encephalitis	___	___	Mumps	___	___
German Measles	___	___	Otitis Media	___	___
Rheumatic Fever	___	___	Pneumonia	___	___
Cyanosis	___	___	Scarlet Fever	___	___
Sinusitis	___	___	Poliomyelitis	___	___
Tuberculosis	___	___	Tonsillitis	___	___
Whooping Cough	___	___	Typhoid Fever	___	___
Sickle Cell Anemia	___	___	Cancer	___	___

   Indicate any complications with above illnesses or other illnesses:

3. Does your child have any corrective devices (hearing aid, glasses, walker, wheelchair, etc.)? _____ If yes, what? _____

   Do you feel that he/she complains excessively? _____
   If yes, explain: _____

4. Operations, including fractures:

Type of operation	Date	Complications
_____	_____	_____
_____	_____	_____
_____	_____	_____

   Explain child's reaction to surgery: _____

5. Tests and Inoculations:

		AGE			AGE
Chest Plate	___	___	Scarlet Fever Toxin	___	___
Urinalysis	___	___	Diphth-Ted-Toxoid	___	___
Smallpox	___	___	Vaginal or Urethal Smear	___	___
Salk Vaccine 1	___	___	Tetanus	___	___
Salk Vaccine 2	___	___	Wasserman or Hezzini	___	___
Salk Vaccine 3	___	___	Tuberculin	___	___
Typhoid	___	___	Whooping Cough	___	___
Other _____	___		Flu Vaccine:Type _____	___	

   If you are unsure of tests and inoculations, is your child's immunization program up to date? _____
   Health Department _____ Doctor's Name _____

6. Information related to hearing or vision problems:
   a. Indicate age at onset: _____
   b. What age was child when the loss was detected? _____
   c. Indicate probable cause; _____

7. Additional handicapping conditions:

		Date of Onset:
Hearing Impairment	___	_____
Cleft Lip	___	_____
Cleft Palate	___	_____
Emotional or Behavioral Problems	___	_____
Epilepsy	___	_____
Heart Disorders	___	_____
Mental Retardation	___	_____
Orthopedic Disorders	___	_____
Perceptual Motor Disorders	___	_____
Others: Describe _____	___	_____
Vision Impairment	___	_____

++

1. Who has the responsibility of child? Day_____

   Night_____

2. What do you feel is your child's greatest problem?_____

   _____

3. What do you feel is your greatest problem and concern for your child, for yourself and your family?_____

   _____

4. How do you feel your child's special needs affect your family?_____

   _____

5. What are your expectations of services to be received from Center? What specific recommendations for services would you make? (Complete Parent Priorities and Participation Assessment) _____

   _____

   _____

Parent's Signature: _____

Interviewer's Signature: _____

Date:_____

Intake Information Assessment Instruments

Preschool Attainment Record: PAR

For use with children from 6 months to 7 years. Gives information in the areas of language, motor, self-help, cognitive and social skills. May be administered through interview, observation, and/or tested performance. Yields an Attainment Age in years and months. Items are developmentally sequenced with two items per year in each of eight subcategories. Gives a cumulative profile in physical, social, and intellectual areas. Available from:

American Guidance Service, Inc.
Publisher's Building
Circle Pines, Minnesota 55014

Burk's Behavior Rating Scales: 2 scales

Available for preschool and kindergarten or school aged children. These scales "are specifically designed to identify patterns of pathological behavior shown by children." They contain 18 behavior categories which are "preliminary devices for identifying children with particular problems." These scales can be used with parents as well as teachers.

Arden Press
8331 Alvarado Drive
Huntington Beach, California 92646

Lexington "Personal and Social" Developmental Scale: LDS

This instrument was developed at the Child Development Center of the United Cerebral Palsy of the Bluegrass in Lexington, Kentucky. The scale is to be administered by teachers but much of the "Personal and Social Area" information may be best obtained from parents. The LDS has two age ranges: Infant-Birth to 2 years, and Early Childhood-2 to 6 years. Data collected from parents by the social worker may be used as the pre-test in these areas. The LDS evaluates 5 areas: motor, language, personal and social, cognitive, and emotional. The items are behavioral and experimental and are scored on the basis of developmental age (except the emotional area). Available from:

United Cerebral Palsy of the Bluegrass, Inc.
Lexington, Kentucky

The Ochlocknee Project
Information Release

TO WHOM IT MAY CONCERN:

I hereby give my permission for _____
(name of school/agency)

to release any pertinent information or records about my

child _____ to _____
(name) (Name of school/agency)

It is my understanding that the confidence of my child will be safeguarded, as will any resulting reports.

_____
Signature of Parent or Guardian

_____
Date

Social History Format

I. Identifying Data:

a. Name:
b. Birthdate:
c. Names of Person(s) child resides with:
d. Above's relationship to child:
e. Address:
f. Phone: business and home
g. Directions to home:
h. School: (preschool placement)
i. Grade:
j. Teachers
k. Other agency involvement
l. Medicaid No. (if applicable)
m. In case of emergency notify:

II. Referral Information:

Any special circumstances surrounding referral. Very briefly state reason for referral or presenting problems as informant views it.

III. The Informant:

Name of informant. Where the information was given and when. Describe the condition of the home. Briefly describe the informant and his or her attitude and behavior during the interview.

IV. Developmental, Behavioral and Medical History:

Include prenatal and developmental information obtained during the home interview. Narrate anything which may have been a traumatic situation or crisis for the child, include when, child's age, and changes in behavior at that time. Include medical history obtained during the home interview, any serious illnesses, operations, high fevers, etc. Name of current physician, type and dosage of medication if any.

V. Family Information:

Ages and names of siblings. Others living in home besides parents and siblings. Relationship of each family member to referred child. Anything you feel is important about how family relates to one another. Problems with other children. Relative child is closest to, activities family members enjoy together, kind of discipline used. What kind of relationship do parents seem to have. Any significant medical history of family; Family income and source. Include information on family from interview and from observation.

VI. Diagnosis and Corrective Devices:

Diagnosis given by whom and when? Any corrective devices prescribed, special instructions for care, name of person/agency responsible for equipment.

VII. Academic Information:

Results of developmental assessments, psychological summary and results. Obtain from all sources of information in this area as available.

VIII. Informant's Description of Problem.

Describe problem as seen by parent, date of onset and steps taken to receive medical and other services.

IX. Interviewer's Additional Comments and Impressions:

Include impressions of family, strengths and weaknesses. Recommendations for placement. Recommendations for work with parents through the program and those to be carried out through other resources. Information from parent priorities and participation assessment.

The Ochlocknee Project
Parental Permission
(Please initial each item as approved)

_____I, _____, the parent/guardian of_____ do hereby give my permission to the Southwest Georgia Program for Exceptional Children to transport my child on their Center bus during the _____ school year.

_____I do hereby relieve _____and the Southwest Georgia program for Exceptional Children of all liability in connection with transporting my child in his/her automobile.

_____I give the Southwest Georgia Program for Exceptional Children permission to use photographs or films taken of my child at _____. I am aware that these photographs/films may be used for publication releases and publicity for the Program and the Georgia Department of Education.

_____I give my permission for my child to participate in field trip activities.

_____
Person obtaining permission

_____
Child's Name

_____
School Year

_____
Parent Signature

_____
Date

The Ochlocknee Project

Parent Participation Assessment

The Project your child will be enrolled in offers you a variety of activities you may participate in to learn more about your child. Please answer these questions to give the staff some information as to your interests in participating.

	Yes	No
-Would you be able and willing to attend bi-monthly parent meetings? (If no, probable reason why not.) _____		
-Would you be interested in being a member of the Parent Advisory Committee?		
-Would you be able to visit the Project for:		
1) Observation of your child in the classroom?		
2) Parent-teacher conferences?		
3) Volunteering to work in the classroom?		
4) Training you to work with your child through classroom participation?		
5) Workshops on a variety of subjects?		
-Would you be interested in joining a small parent group for discussions? Please comment on a time which would be convenient for you._____		
-Would you be willing to accompany your child on field trips?		
-Would you enjoy attending a family picnic or covered dish dinner?		
-Is there any other activity not listed above that you would like to participate in with your child? If so, describe: _____		
-Do you or your spouse have any special skill or talent that you would share with our Project? If so, describe: _____		

-If parent meetings are scheduled at the Center, what time is most convenient for you? _____

Ochlocknee Children's Center
Parent Priorities

	Very Important	Important	Not Important
I. PARENT CONTACTS			
A. Interpretation of test results			
B. Counseling for family problems			
C. Information and Referral:			
1. Suggestions for other available services in the community			
2. Assistance in specific arrangements for medical/dental care			
D. Progress report from Center and Regular School			
E. Crisis Intervention			
F. Home Program			
II. PROGRAM PARTICIPATION			
A. Training in classroom activities and teaching methods			
B. Observation			
C. Help with managing behavior of children: temper tantrums, toilet training, eating habits, etc.			
D. Learning to teach at home			
E. Regular contact with child's teacher			
F. Working in the classroom			
III. MEETINGS FOR GROUPS OF PARENTS			
A. Bi-monthly parent meetings			
B. Parent Advisory Committee			
1. Liaison committee			
2. Fund raising committee			
3. Program planning committee			
C. Small parent groups			
1. Getting acquainted with other parents who have children with special needs similar to own child for sharing of ideas, concerns and experiences			
2. Specific topics - workshops			

IV. PARENTAL CONCERNS

	Very Important	Important	Not Important
A. Self-help skills such as dressing, toileting, and eating			
B. Gross motor skills such as walking, jumping, climbing, and throwing a ball.			
C. Receptive language skills (understanding what others say) such as following simple commands, "Wash your hands".			
D. Expressive language skills such as speaking clearly, stating wants, and naming objects			
E. Social-emotional skills such as getting along with others. Appropriate expression of wants and feelings such as controlling temper and not biting, hitting, or hurting others.			
F. Fine motor skills such as tying shoes, buttoning clothes, using scissors, and writing name.			
G. Thinking skills such as understanding numbers, remembering objects, symbols, or events, and using information to solve problems.			
H. Diagnosing child's specific problem(s)			
I. Getting child placed in appropriate educational setting and monitoring successful placement			
J. Giving your child a consistent daily routine			
K. Understanding your child's needs and limitations as well as strengths			
L. Other: Please Comment			

V. TRANSPORTATION

PARENTAL CONSENT FOR EVALUATION

Date_____

Dear_____:
Parent or legal guardian

Your child_____ has been referred for psychological and/or educational evaluation by

_____ _____
(Name) (Position)

We believe that an assessment of your child's intellectual, emotional and academic status is needed for educational planning. The evaluator who works with your child may use tests of intellectual, emotional, perceptual and/or language functioning.

Within 30 school days following the evaluation, you will be given the opportunity to discuss the results with the examiner.

No change will be made in your child's educational program until you are consulted. You will be given the opportunity to participate in all program committee meetings when the educational recommendations for your child are being developed. Such meetings will be held at a pre-announced time to enable you to be present if you so desire.

In the event that no response is received from you within 15 school days, an appropriate school official will visit your home to determine the reason for lack of response.

Should you have any questions as to the reasons for the referral or the nature of the evaluation, you should call the school.

A local Hearing Review Board is available for the purpose of impartially judging the evaluation or placement decisions of the Special Education Placement Committee. Either you or the local school system may file an appeal to the board if a conflict exists.

As a designated school representative, I have explained the above information to the child's parent/guardian and have provided them a copy of this information.

_____ _____
Signature of School Representative Date

PARENTAL CONSENT FOR EVALUATION

It has been explained to me why an evaluation for my child is necessary.

_____I agree for _____ to carry out psychological and/or educational evaluation(s) of my child.

_____I do not agree for the following reasons_____

_____

_____
Parent's Signature

I have explained the required due process procedures to the child's parent/guardian and have provided them a copy of the Parental Consent for Evaluation Letter.

_____
School System Representative

_____
Date

APPENDIX II

Alexander Graham Bell Association for the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007

American Foundation for the Blind
15 West Sixteenth St.
New York, New York 10011

Apropos
Material Center on Educational Media and Materials for the Handicapped
The Ohio State University
Columbus, Ohio 43210

California Association for Neurologically Handicapped Children
P.O. Box 604
Main Office
Los Angeles, California 90053

CLOSER LOOK -(All exceptionalities)
Box 1492
Washington, D.C. 20013

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

DEBT Central Office Annex (cleft lips and/or cleft palates)
1628 - 19th St.
Lubbock, Texas 79401

Epilepsy Foundation of Ameria
Suite 406
1828 L Street, N.E.
Washington, D.C. 20036

The Exceptional Parent
P.O. Box 4944
Manchester, N.H. 03105

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

John Tracy Clinic - (pre-school aged deaf)
806 West Adams Blvd.
Los Angeles, California 90007

Kennedy Foundation
Washington, D.C. 20006

Knights Templar Eye Foundation, Inc.
P.O. Box 248, 30 E Market St.
Rhinebeck, N.Y. 12572

Muscular Dystrophy Association of America, Inc.
810 Seventh Avenue
New York, New York 10019

National Association for Retarded Citizens
The Greater Dallas-Fort Worth Metropolitan Area
P.O. Box 6109, 2709 Avenue E East
Arlington, Texas 76011

National Committee for Citizens in Education
(toll free number 800-638-9675)
laws effecting privacy rights of school children

The National Easter Seal Society for Crippled Children and Adults
Washington Building
1435 G Street, N.W.
Suite 1031-32
Washington, D.C. 20005

The National Foundation March of Dimes -(birth defects)
800 Second Avenue
New York, New York 10017

National Society for Autistic Children
Washington Office
Suite 206
1701 Pennsylvania Avenue, N.E.
Washington, D.C. 20006

National Society for the Prevention of Blindness, Inc.
79 Madison Avenue
New York, New York 10016

Parenting Materials Information Center
Early Childhood Division
Southwest Educational Development Laboratory
211 East 7th St.
Austin, Texas 78701

Parent Resource Library
Exceptional Child Center-UMC68
Utah State University
Logan, Utah 84322

Tie Line (All exceptionalities, Ga. information & referral only)
618 Ponce de Leon Avenue, N.E.
Atlanta, Ga. 30308 (800-282-4900)

United Cerebral Palsy Associations, Inc.
Suite 141, Chester Arthur Bldg.
425 1 Street, N.W.
Washington, D.C. 20001

Resource Bibliography

Abidin, Richard R., "Parenting Skills: Trainers Manual", University of Virginia, Human Sciences Press, A Division of Behavioral Publications, Inc., 72 Fifth Avenue, New York 10011, 1975

* The Austin Early Childhood Special Education Program, Outreach Project, Austin Early Childhood Special Education, Austin Independent School District, Austin, Texas 78703

Barsch, Ray H., "The Parent Teacher Partnership", CEC, 1920 Association Drive, Reston, Va. 22091

Becker, Wesley C., "Parents Are Teachers: A Child Management Program", Research Press, 2612 N. Mattis Avenue, Champaign, Illinois 61820, 1971

Cansler, Dorothy P., and Martin, Gloria H., "Working With Families: A Manual for Developmental Centers", CEC Head Start Information Project, 1920 Association Drive, Reston, Va. 22091, 1974

Circle Preschool: The First Chance Project, "Parent Program Handbook" and "Inservice Handbook", 9 Lake Avenue, Piedmont, California 94611, ($2.00 ea)

Dreikurs, Rudolf and Grey, Loren, "A Parents' Guide to Child Discipline", Hawthorn Books, Inc., New York, 1970

* EMI Impact, Children's Rehabilitation Center, Route 250 West, Charlottesville, Virginia 22901

* Project Dream, Martin Luther King, Jr. Child Development Center, Diagnostic Resource Unit, 380 Martin St., S.E., Atlanta, Ga. 30312

Early Childhood Education Project, "Family Education Program for Pre-school Hearing Impaired Children in Rural Alaska", Alaska Treatment Center for Crippled Children and Adults, Inc., 3710 E. 20th Avenue, Anchorage, Alaska 99504

Grim, Janet, "Training Parents to Teach", TADS Publication, ERIC Reproduction Service, P.O. Box 190 Arlington, Va. 22210

"Group Activity Plans for Training Parents of Handicapped Children", Regional Parent Training Project, Western Carolina Center, Morgantown, N.C. 28655 ($2.50)

"Home Stimulation of Handicapped Children", Marshall-Poweshiek Joint County Department of Special Education, 9 Westwood Drive, Marshalltown, Iowa 50158

"How to Listen to Your Child and How to Get Your Child to Listen", (record and filmstrip), National Education Association, 1202 16th St., N.W., Washington, D.C. 20036 ($15.00)

Infant Program for Visually Impaired, "Get a Wiggle On", Ingham Intermediate School District, 2630 West Howell Rd., Mason, Michigan 48854

Johnson, Vicki M., and Werner, Roberta A., "A Step-by-Step Learning Guide for Retarded Infants and Children, Syracuse University Press, New York, 13210, 1975 ($9.95)

Karnes, Merle B., Zehrback, R. Reid and Teska, James, A., "A Family Involvement Model: Implementation With Families of Multi-Handicapped Children", Theory Into Practice, A Journal of the College of Education, the Ohio State University, Columbus, Ohio 1972

Krumboltz, N. J., and Krumboltz, "Changing Children's Behavior", Prentice-Hall Englewood Cliffs, N.J. 1972 ($3.00)

Lillie, David L., and Trohanis, Pascal L., "Teaching Parents to Teach", Walker and Co., 720 Fifth Ave., New York, N.Y. 1976 ($11.95)

* Project Memphis, Memphis Educational Model Providing Handicapped Infant Services, Department of Special Education and Rehabilitation, Memphis State University, Memphis, Tennessee 38152

* Norfolk Early Education for Handicapped Children Model, Child Study Center, Old Dominion University, Norfolk, Va. 23508

* PAR Project (Parents As Resource), 464 Central, Northfield, Illinois 60093

Parents Magazine Films, Inc., 80 New Bridge Road, Bergenfiled, New Jersey 07621

Patterson, Gerald, R., and Gullion, M. Elizabeth, "Living With Children, New Methods for Parents and Teachers", Research Press, 2612 N. Mattis Ave., Chapaign, Illinois 61820

Pickens, Charlotte, "Tips for Teachers on School-Parent Communication", West Side School, P.O. Box 428, Magnolia, Arkansas 71753 ($2.00)

* Resurrection Preschool Parent Cooperative Outreach Program, 2280 N. Beauregard St., Alexandria, VA 22311

"Responding to Individual Needs in Head Start: A Head Start Series on Needs Assessment: Part I Working With the Individual Child" (DHEW, Pub. No. OCD 75-1075)

Rose, Irene B., and White, Mary Elizabeth, "Child Care and Development Occupations Competency Based Teaching Modules", Superintendent of Documents, U.S. Printing Office, Washington, D.C. 20402, 1974

Texas Handicapped Children's Early Childhood Program, "Implementing an Early Childhood Program for the Handicappped: A Handbook for Parents/Staff", PESO Education Service Center - Region XVI, 1601 S. Cleveland St., Amarillo, Texas 79102

* Training Program for Home Intervention, DARCEE, George Peabody College, Nashville Tennessee 37212

* UNISTAPS, Minnesota Department of Education, 440 Cedar St., St. Paul MN 55101

"Working With Parents", The Ochlocknee Multi-Handicapped Outreach Project, P.O. Box 110-A, Ochlocknee, Ga. 31773 ($1.00)

"Working With Parents of Handicapped Children", CEC, 1920 Association Drive, Reston, Va. 22091

* These are special education projects which have parenting materials available.

This module was prepared pursuant to a grant from the Bureau of Education for the Handicapped, Office of Education, U.S. Department of Health, Education, and Welfare. Grantees undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official Office of Education position or policy. November, 1976.